

PART B - FEE(S) TRANSMITTAL

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APR 02 2007
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21005 7590 01/04/2007

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA 01742-9133

04/03/2007 HGUTEMAR 00000047 10764985

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FC:0001	45.00 OP

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

Lisa A. Bevere

(Depositor's name)

Lisa Bevere

(Signature)

March 30, 2007

(Date)

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/764,985

01/26/2004

Masanori Terajima

0746.2003-001

6782

TITLE OF INVENTION: IDENTIFICATION OF GENE SEQUENCES AND PROTEINS INVOLVED IN VACCINIA VIRUS DOMINANT T CELL EPITOPES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/04/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LI, BAO Q	1648	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Hamilton, Brook, Smith & Reynolds, P.C.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

University of Massachusetts Medical School

Worcester, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Anne J. Collins

Date *March 30, 2007*

Typed or printed name Anne J. Collins, Esq.

Registration No. 40,564

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